

ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1

Rev. 4/96

Insurer Name: Auto Club Family Insurance Company
 NAIC Number: 27235
 Name of Advisory Organization Whose Filing You are Referencing N/A
 Co. Affiliation to Advisory Organization: Member _____ Subscriber _____ Service Purchaser _____
 Reference Filing #: N/A Proposed Effective Date: 4/1/2006

Contact Person: Mary Ellen Schiffer
 Signature: *Mary Ellen Schiffer*
 Telephone No: (314) 523-7350, Ext. 5232

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Homeowners Multi-Peril	-39.6%	-3.7%					
TOTAL OVERALL EFFECT							

FILED
 JAN 17 2006
 PROPERTY AND CASUALTY
 INSURANCE DEPT.

N/A Apply Lost Cost Factors to Future Filings? (Y or N)
+25% Estimated Maximum Rate Increase for any Arkansas Insured (%)
-35% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

Selected Provisions

Rate Change History				5 Year History					
Year	Policy Count	%	Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	A. Total Production Expense	20.7
9-05	3,824	-3.0%	1/15/2005	1,737	494	28.5%	139.4%	B. General Expense	5.8
2004	3,350	14.6%	1/15/2004	2,106	667	31.7%	36.1%	C. Taxes, License & Fees	2.0
2003	3,085	23.5%	12/15/2002	1,873	916	48.9%	59.4%	D. Underwriting Profit & Contingencies	2.3
2002	2,613	6.2%	12/15/2001	1,471	498	33.8%	40.1%	E. Other (explain)	
2001	2,174	1.6%	12/15/2000	1,187	516	43.5%	129.8%	F. TOTAL	30.8